Amendments To The Specification:

Page 22 line 15 – page 23 line 2 (paragraph [0090], of the published application US 2004/0072913 A1), amend the paragraph as follows:

> Infiltration of dermis with CD4 positive lymphocytes, a well-known feature of psoriatic ~~plagues~~ plaques, was displayed by the non-treated psoriatic lesional skin (Fig.2V). On the other hand, the CD4 positive ~~lymphocyles~~ lymphocytes infiltrating the psoriatic lesional skin were largely cleared from the cyclopamine-treated half of the lesional skin (Fig.2W). Clearance of the CD4 positive lymphocytes from psoriatic lesional skin rapidly following application of cyclopamine thereto is highly surprising, since termination of the *hedgehog/smoothened* signalling was shown in the prior art to be necessary for the conversion of CD4-CD8 double negative T lymphocytes to the CD4-CD8 double positive T lymphocytes [Outram SV et al (2000) *Immunity* 13;187-197]. Specifically, formation of CD4-CD8 double positive lymphocytes from CD4-CD8 double negative lymphocytes was shown to be enhanced by ~~cyclopamine~~ treatment with an anti-Hh neutralizing monoclonal antibody [Outram SV et al (2000) *Immunity* 13:187-197]. Moreover, conversion of the CD4(-) and CD8(-) lymphocytes to the CD4 (+) and CD8(+) lymphocytes is viewed widely in the prior art as a requirement for their psoriatic plaque causing action [reviewed in Krueger JG (2002) *Journal of the American Academy of Dermatology* 46:1-23].

Page 28 line 20 – page 29 line 9, (paragraph [0101] of the published application US 2004/0072913 A1), please amend the paragraph as follows:

> Epidermal growth factor receptor (EGFR) is another marker known to display downregulation of expression with the differentiation of epidermal keratinocytes. Expressions of both EGFR and one or more of its ligands are known to be markedly increased in psoriatic lesional epidermis and may set an autocrine stimulation loop.

Ordinarily EGFR expression is not detected immunohistochemically in the suprabasal layers of normal epidermis and the return of EGFR expression to the basal layer of epidermis is regarded to be one of the first signs of effective treatment of psoriasis by various modalities [King LE Jr. et al (1990) *Journal of Investigative Dermatology* ~~95:105-125~~ 95:10S-12S]. We evaluated the EGFR expression with anti-human EGFR antibody EGFR 113 (Novocastra Lab. Ltd., U.K.) and with immunohistochemical staining with peroxidase. Fig. 4J shows normal pattern of expression of the EGFR in non-lesional epidermis. Both placebo-treated and non-treated psoriatic lesional skin displayed marked overexpression of the EGFR in the suprabasal layers of epidermis (Fig. 4K). Fig. 4L shows that the EGFR expression was rapidly normalized within 24 hours of the treatment of psoriatic lesional skin with cyclopamine. Thus, treatment of psoriatic lesional skin with cyclopamine was accompanied with the rapid induction of differentiation and therapeutic effect by the criterion of EGFR expression.